

STATE OF GEORGIA  
FINANCIAL DISCLOSURE STATEMENT

Date of this Statement: 6/29/09 Covering Calendar Year: 2009

Name of Public Officer or Candidate: Ken Clayton

Mailing Address: 5219 Meadowcreek Dr Winwood DeKalb  
Street or P.O. Box City County

Telephone Number: (Office) 770-573-3218 (Home) 770

Name of City Public Office Held or Sought / Authority / Board / Commission: Mayor

**Check One:**

☒ Elected City or County Officer ☐ Candidate for City or County Office

### WHO FILES A FINANCIAL DISCLOSURE STATEMENT:

Each public officer holding office in Georgia, and each person who qualifies as a candidate for public officer for one of the offices listed below, and all others on the following list.

- (A) Every constitutional officer;
- (B) Every elected state official;
- (C) The executive head of every state department or agency, whether elected or appointed;
- (D) Each member of the General Assembly;
- (E) The executive director of each state authority, board or commission and the members of each;
- (F) Every elected county official, every elected county or area school superintendent, every elected member of a county or area board of education; and
- (G) Every elected municipal officer.

## WHEN TO FILE A FINANCIAL DISCLOSURE STATEMENT:

**Public Officer:** A Financial Disclosure Statement is filed not before January 1 and not officer holds office (except the year of election). The information to be provided shall

If the public officer chooses not to run for re-election or for another public office no further election shall be held until the year qualifying to succeed him takes place. A public officer shall not be deemed to have resigned if he has been elected to another office before his term of office expires unless the officer holds office for less than 15 days.

**Candidate for Public Office:** A Financial Disclosure Statement covering the period of later than the fifteenth day following the date of qualifying as a candidate. Candidates days after qualifying for office. Only one Financial Disclosure Statement is required p

**Special requirements for State Wide Candidates:** Candidates for a public office election must file Disclosure Statements not later than seven days after qualifying or filing a notice of candidacy. Candidates for state wide offices must provide more information than other candidates for public office and the additional disclosure statements for state wide candidates must be completed in the year of election filing.

**SECTION I**  
**MONETARY FEES RECEIVED**  
(This section to be completed by Public Officers)

Identify each monetary fee or honorarium accepted from speaking engagements, participat activities that directly relate to the official duties of, or to the office of the public officer, w and the person from whom it was accepted. (You may attach additional sheets of paper if

**I received:**

- ☒ No monetary fee or honorarium.  
☐ Monetary fee(s) or honoraria as shown below.

**Identify Fee or Honorarium  
And Amount Accepted**

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**Identifying Information of Person**

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**SECTION II**  
**FIDUCIARY POSITIONS**

Name all fiduciary positions held by the candidate for public office or the public officer at (You may expand this section if necessary to include all positions.) A **fiduciary position** to act primarily for another's benefit as officer, director, manager, partner, guardian, or of business entity. A fiduciary position may be a paid or unpaid position. A **business entity** limited partnership, limited liability company, limited liability partnership, professional c joint venture, or other entity, whether profit or nonprofit. (You may attach additional s

**I held:**

- ☐ No fiduciary positions in any business entity.  
☒ Fiduciary positions in the following business entity(ies).

**IDENTIFY:**

1. Title of each position.
2. Name and address of business entity.
3. Principal activity of each business entity.

**Business entity #1**

CEO  
eHealthcareIT 1876 Independence Sq. Suite 2000  
Healthcare Software

**Business entity #2**

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### SECTION III

## DIRECT OWNERSHIP INTERESTS IN BUSINESS

**Direct ownership interest** is the holding or possession of good legal or rightful title of property for the beneficial use of the property by any person and includes any interest owned or held by a person jointly or as tenants in common between the person and spouse.

Identify the name, address and principal activity of any business entity and the office held by the candidate or public officer within a business entity any time during the covered year in which the candidate or public officer owned or held more than 5 percent of the total interest in the business; or (B) Has a net fair market value of more than \$10,000 of paper if necessary.)

**I held:**

- ☐ No direct ownership interests in any business entity.  
☒ Direct ownership interests in the following business entity(ies).

**IDENTIFY:**

1. Name and address of business entity.
2. Principal activity of business entity.
3. The office held by the candidate or the public officer within the business entity.
4. The duties of the candidate or the public officer within such business entity.

Business entity #1

Healthcare IT 1874 Independence Sq. Suite C Dunwoody, GA 30338

CEO

CEO Duties - Run and manage the business

Business entity #2

Business entity #3

Business entity #4

Business entity #5

## SECTION IV DIRECT OWNERSHIP INTERESTS IN REAL

**Direct ownership interest** is the holding or possession of good legal or rightful title of property for the beneficial use of the property by any person and includes any interest owned or held by a person, jointly or as tenants in common between the person and spouse.

Identify each tract of real property in which the candidate for public office or public officeholder had a direct ownership interest on December 31 of the covered year when that interest has a fair market value in excess of \$10,000.00 or the appraised value of the property for ad valorem tax purposes. (You may attach additional sheets of paper to show the applicable valuation range for each tract. (You may attach additional sheets of paper to show the applicable valuation range for each tract. (You may attach additional sheets of paper to show the applicable valuation range for each tract.

**I had:**

- ☐ No ownership interests with a fair market value in excess of \$10,000.00  
☒ Ownership interests with a fair market value in excess of \$10,000.00

**IDENTIFY:**

1. County where property is located.
2. State where property is located.
3. General description of property (give street address or location, size of tract, and nature of interest).

Property #1

DeKalb  
Georgia  
5219 Meadowcreek Dr  
Home

Property #2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property #3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property #4

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V**  
**SPOUSE'S DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY**

Identify each tract of real property in which the filer's spouse has a direct ownership interest when that interest has a fair market value in excess of \$10,000.00. (You may attach additional sheets to show the applicable valuation range for each tract. (You may attach additional sheets to show the applicable valuation range for each tract. (You may attach additional sheets to show the applicable valuation range for each tract.

**My spouse had:**

☐ No ownership interests with a fair market value in excess of \$10,000.00

☒ Ownership in the following tracts with a fair market value in excess of \$10,000

**IDENTIFY:**

1. County where property is located.
2. State where property is located.
3. General description of property (give street address or location, size of tract, and nature of interest).

Property #1

Cobb  
Georgia  
903 Red Apple Dr

Property #2

Property #3

Property #4

Property #5

## SECTION VI EMPLOYMENT AND FAMILY MEMBERS

Filer's Occupation CEO  
Filer's Employer eHealthcare IT  
Employer's Address 1874 Independence Sq. Suite C  
Employer's Principal Activity Healthcare Software

Filer's Spouse's Name Terri Wright  
Spouse's Occupation Self-Employed  
Spouse's Employer VC Wright Group  
Address of Spouse's Employer 5219 Meadowcreek Dr  
Principal Activity of Spouse's Employer eLearning Design and Development  
Names of Filer's Dependent Children Cassidy Wright, Clayton Wright

## SECTION VII INVESTMENT INTERESTS

List the name of any business or subsidiary thereof or investment (do not list individual stocks or funds), in which the filer (either individually or with any other legal or natural person or entity) has an interest:

1. Is more than 5 percent of the total interests in such business or investment, or
2. Has a net fair market value of more than \$10,000.00.

Business or Investment Entity #1

Name AIM Global HealthCare Fund

Business or Investment Entity #2

Name Lincoln National Corp

Business or Investment Entity #3

Name McKesson Corp

Business or Investment Entity #4

Name Allianz NFJ Dividend Value

## SECTION VIII KNOWN BUSINESS OR INVESTMENT INTERESTS OF SPOUSE

Identify any business or investment known to the filer in which the filer's spouse or dependent child has an interest (either individually or with any other legal or natural person or entity) which interest:

1. is more than 5 percent of the total interest in the business or investment,
2. has a net fair market value exceeding \$10,000.00, or
3. is one in an entity for which the filer's spouse or a dependent child serves as an officer, partner, or trustee.

(Do not list individual stocks and bonds that are held by mutual funds.) \*

## **Section VII Investment Interests Continued**

**Business or Investment Entity #5**

**Name: American Capital Income Builder**

**Business or Investment Entity #6**

**Name: American Growth Fund of America**

**Business or Investment Entity #7**

**Name: American Investment Company of America**

**Business or Investment Entity #8**

**Name: AXA Enterprise Merg & Acquisitions**

**Business or Investment Entity #9**

**Name: Franklin Small Cap**

**Business or Investment Entity #10**

**Name: Hartford Capital APP 11**

**Business or Investment Entity #11**

**Name: Mutual Series Mutual Shares**

**Business or Investment Entity #12**

**Name: Templeton Foreign Class**

**Business or Investment Entity #13**

**Name: Templeton Foreign Class**

**Business or Investment Entity #14**

**Name: Southern Company**

**Business or Investment Entity #15**

**Name: Janus Overseas**

**Business or Investment Entity #16**

**Name: Home Depot**

**SECTION IX**  
**ANNUAL PAYMENTS RECEIVED**  
**FROM THE STATE OF GEORGIA**  
(This section to be completed by Public Officer)

Identify all annual payments in excess of \$20,000.00 received by the public officer, or by a \_\_\_\_\_ from the State or any agency, department, commission or authority created by the State, and O.C.G.A. § 45-10-25.

**I received:**

- ☒ No annual payments in excess of \$20,000.00 from any State entity.  
☐ Annual payments in excess of \$20,000.00 from the below named State entity(ies).

**IDENTIFY:**

1. Name and address of State entity making the payments.
2. Amount of annual payment.
3. The general nature of the consideration rendered for the payment(s).

State entity source #1

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State entity source #2

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**VERIFICATION BY OATH OR AFFIRMATION**

State of Georgia  
County of De Kalb

I, the undersigned, being duly sworn (affirm), depose and say that the information in this statement is true and correct.

Sworn to and subscribed to by me on \_\_\_\_\_

Jana Stahon  
Signature of Notary Public for \_\_\_\_\_

My Commission expires on \_\_\_\_\_

[Signature]  
Signature of Candidate or Public Officer

**PENALTIES:** Any person who knowingly violates any of the provisions of the Ethics Code shall be guilty of a misdemeanor.